



**AUTHORIZED PERSON OUTSIDE RESIDENCE
(RESIDENT & NON-RESIDENT APOR)**



ANTIGEN TESTING PAYMENT AGREEMENT UPON ENTRY TO PPC

I, MR./MRS.MS. _____, a/an employee/officer/resident of _____, with the position/designation/rank of _____ after having been properly classified and validated to be a Non-Resident/Resident Authorized Person Outside Residence (APOR) will be traveling to Puerto Princesa City on _____ for _____ and will back to Manila on _____.

I acknowledge the terms and conditions of this agreement to wit:

- 1.) That base on the current and existing guidelines set by the national and local authorities, I am categorized as a Non-Resident/Resident APOR.
- 2.) That I understand that base on the guidelines set by the proper authorities, national and local issuances and other pertinent laws existing, I or the company/agency/office to which I am employed **will shoulder and pay for my Antigen Testing expenses.**
- 3.) I am fully aware that **I will also shoulder/pay for my Antigen Testing expenses upon arrival amounting to MORE OR LESS Php 2,000.00 each.**
- 4.) That in case of a reactive Antigen result or a close contact to it, **I will be subject to management and further quarantine under IMT thus, shouldering the additional expenses brought about by it.**
- 5.) That I was not coerced nor forced to sign this Agreement,
- 6.) That this Agreement and all its content are well-explained to me and;
- 7.) That my signature appearing herein signifies my full consent and concurrence.

APOR's Name and Signature

Date

Time